

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**FEE TRANSMITTAL**  
**for FY 2003**

Exam fees are subject to annual revision.

**C mplet if Known**

Application Number	09/584,676
Confirmation Number	2677
Filing Date	May 31, 2000
First Named Inventor	JOHN J. CURRO
Examiner Name	J. R. Pierce
Group/Art Unit	1771
Attorney Docket No.	7897R

**TOTAL AMOUNT OF PAYMENT (\$)**1,110.00**RECEIVED**

AUG 28 2003

Technology Center 2600

**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **16-2480**Deposit Account Name **The Procter & Gamble Company**

- ☒
- Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Code	(\$)	Fee Description	Fee Paid
105	130	Surcharge-late filing fee or oath	<input type="checkbox"/>
127	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
139	130	Non-English specification	<input type="checkbox"/>
147	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
112	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
113	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
115	110	Extension for reply within 1 <sup>st</sup> month	<input type="checkbox"/>
116	410	Extension for reply within 2 <sup>nd</sup> month	<input type="checkbox"/>
117	920	Extension for reply within 3 <sup>rd</sup> month	<input type="checkbox"/>
118	1,440	Extension for reply within 4 <sup>th</sup> month	<input type="checkbox"/>
128	1,960	Extension for reply within 5 <sup>th</sup> month	<input type="checkbox"/>
119	320	Notice of Appeal	<input type="checkbox"/>
120	320	Filing a brief in support of an appeal	<input type="checkbox"/>
121	280	Request for oral hearing	<input type="checkbox"/>
138	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
140	110	Petition to revive - unavoidable	<input type="checkbox"/>
141	1,280	Petition to revive - unintentional	<input type="checkbox"/>
142	1,280	Utility issue fee (or reissue)	<input type="checkbox"/>
143	460	Design issue fee	<input type="checkbox"/>
122	130	Petitions to the Commissioner	<input type="checkbox"/>
123	50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>
126	180	Submission of Information Disclosure Statement	<input checked="" type="checkbox"/>
146	740	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
149	740	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
179	740	Request for Continued Examination (RCE)	<input type="checkbox"/>
169	900	Request for expedited examination of a design application	<input type="checkbox"/>
091	1280	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
Other fee (specify) _____			<input type="checkbox"/>
Other fee (specify) _____			<input type="checkbox"/>

**FEE CALCULATION****1. BASIC FILING FEE - Large Entity**

Code	(\$)	Fee Description	Fee Paid
101	740	Utility filing fee	<input type="checkbox"/>
106	330	Design filing fee	<input type="checkbox"/>
108	740	Reissue filing fee	<input type="checkbox"/>
114	160	Provisional filing fee	<input type="checkbox"/>

**SUBTOTAL (1) (\$)**☐**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity**

	Extra Claims	Fee from Below	Fee Paid
Total Claims	<input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>

Independent Claims ☐ - 3\*\* = ☐ x ☐ = ☐Multiple Dependent ☐ = ☐

\*\* or number previously paid, if greater; For Reissues, see below

Code	(\$)	Fee Description
103	18	Claims in excess of 20
102	84	Independent claims in excess of 3
104	280	Multiple dependent claim, if not paid
109	84	**Reissue independent claims over original patent
110	18	**Reissue claims in excess of 20 & over original patent

**SUBTOTAL (2) (\$)**☐\* Reduced by Basic Filing Fee Paid **SUBTOTAL(3) (\$)** [1,110]**SUBMITTED BY**

Name (Print/Type)	Angela Marie Stone	Registration No.	41,335	Complete (if applicable)
Signature	Angela Marie Stone	(Attorney/Agent)		Telephone
				(513) 634-9397
				Date
				Aug 25, 2003

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231.